

# **EXHIBIT 6**

## O A P C

OXFORD AMERICAN POCKET CARDS



## Breakthrough Pain

## Pain Management pocketcard Set

## General Approach to Pain Management

## ASK:

Always ask patient about the presence of pain and accept the patient's report of pain.

## ASSESS:

Perform a comprehensive pain assessment:

- Onset, duration, and location
- Quality (sharp, dull, diffuse, throbbing, etc)
- Intensity (1-10 scale, for example)
- Aggravating and alleviating factors
- Effect on function and quality of life
- Patient's goal for pain control
- Response to prior tx if condition is chronic
- History and physical examination

## TREAT:

- With older adults, start dose low, go slow, but go!!
- Avoid IM route, the PO route is preferred
- Treat persistent pain with regularly scheduled meds
- Two drugs of the same class (eg, NSAIDs) should not generally be given concurrently, however long- and short-acting opioids may be prescribed together
- Avoid meperidine (per American Pain Society and ISMP) and propoxyphene (cardiotoxic and ↓ efficacy)

## MONITOR:

- Assess and reassess pain frequently
- Most opioid agonists have no analgesic ceiling dose; titrate to relief and assess for adverse effects
- Assess, anticipate, and manage opioid adverse effects aggressively
- Discuss goals and plans with patient and family
- Addiction rarely occurs unless there is a hx of abuse
- Watch for red flags of addiction:
  - 1) Compulsive use
  - 2) Loss of control
  - 3) Use despite harm

## Breakthrough Pain Management

- Use long-acting opioids around the clock for baseline management of persistent pain
- Use short-acting opioids PRN (rescue) for breakthrough pain
- Consider using the same drug for both baseline and rescue doses whenever possible (eg long-acting morphine + short-acting morphine)

## Rescue Dosing

- The rescue dose is 10%-15% of the 24-h total daily dosage
- Oral rescue doses should be available every 1-2 h; parenteral doses every 15-30 minutes

## Adjustment

- If the patient is consistently taking  $\geq 3$  rescue doses daily, consider increasing the baseline round-the-clock dosage
- Recalculate rescue dose whenever the baseline dosage is changed

## Example

Calculate rescue dose for patient on baseline coverage of MS Contin 200 mg q 12 h:

1. Calculate total daily dosage:  
 $200 \text{ mg} \times 2 = 400 \text{ mg morphine/d}$
2. Establish rescue dose:  
 $10\%-15\% \text{ of } 400 \text{ mg} = 40-60 \text{ mg short-acting morphine}$
3. Oral rescue dose therefore is:  
 $\text{morphine } 40-60 \text{ mg PO q } 1-2 \text{ h}$
4. Parenteral rescue dose (based on continuous infusion): Calculate based on 25%-50% of hourly dose

## Pain Types

Type	Examples	Quality
Somatic pain	Trauma, burns, bone metastasis	Constant, sometimes throbbing or aching, tender, and localized to the site of origin
Visceral pain	Renal stone passage, small bowel obstruction, appendicitis, cancer	Poorly localized, may be referred to distant cutaneous site (eg, diaphragmatic irritation referred to ipsilateral shoulder), often associated with nausea or diaphoresis